PTO/SB/17 (10-08)

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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				, application realities		0/518,812-Conf. #3611			
FEE TRANSMITTAL				Filing Date October 11, 2					
For FY 2009					irst Named Inventor SMOORENBURG, Guido F.			lo F.	
T 0111 2003						HOLMES, Rex R.			
Applicant claims small entity status. See 37 CFR				Art Unit		3762			
TOTAL AMOUNT OF PAYMENT		(\$) 220.00		Attorney Docket No. 2		22409-00281-US			
METHOD OF	PAYMENT (check	all that apply)							
Check	X Credit Card	Money Order	Non	e Other (	please identify	):			
Deposit Ac	count Deposit Account	Number: 22-01	85	Deposit A	Account Name:	Connolly Box	e Lodge ال	& Hutz LLP	
For the	above-identified depo	osit account, the Dire	ctor is	hereby authorize	d to: (checl	k all that apply)			
<b> </b>	harge fee(s) indicated	d below		Charge	e fee(s) indi	icated below, e	xcept for t	he filing fee	
	harge any additional e(s) under 37 CFR 1.		ents of	X Credit	any overpa	yments			
FEE CALCU	\	10 dild 1.17							
1. BASIC FILIN	IG, SEARCH, AND E	XAMINATION FEES							
	FI	LING FEES	SEA	ARCH FEES	EXAMIN.	ATION FEES			
Application T	vpe Fee (\$	<u>Small Entity</u> ) <u>Fee (\$)</u> F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	<u>165 (ψ</u> 165	540	270	220	110	1000	<u>ι αια (ψ)</u>	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity	
Fee Description Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple depend	dent claims						390	195	
<u>Total Claims</u>	Total Claims Extra Claims Fee (\$)		Fee Paid (\$)		<u>M</u> ı	Multiple Depende		<u>s</u>	
34	- 38 =	_ x = _			<u>Fee</u>	<u>(\$)</u>	Fee Paid (	<u>\$)</u>	
1	nber of total claims paid for								
Indep. Claims			Fe	e Paid (\$)					
HP = highest num	- 3 = 1	_ "		220					
3. APPLICATION If the specifications und		sceed 100 sheets of p the application size t	oaper ( Tee due	e is \$270 (\$135 f				0	
Total Sheet				dditional 50 or frac			<u>Fee</u>	<u>Paid (\$)</u>	
	100 =	/50 =		(round <b>up</b> to a who	le number) 🤉	×	=		
4. OTHER FEE	(S) 1 Specification, \$13	N faa (no small a <del>ntits</del>	, dieco	ount)			Fees	Paid (\$)	
_	late filing surcharge)		disce	,unit)					
	Jane Jaronargo)	-							
SUBMITTED BY	/Michael C. Verr	2/	ı	Registration No.	20 /10	Tolonhara	(202) 22	21 7111	
Signature	/Michael G. Verg			(Attorney/Agent)	39,410	Telephone	(202) 331-7111		
Name (Print/Type)	Michael G. Verga	l				Date	Decembe	r 9, 2009	